

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90058 009 ****61.25

0013601

DOCUMENT # 700666

1. Entity Name

NEW TESTAMENT BAPTIST CHURCH, INC.



Principal Place of Business

**2128 S CRYSTAL LAKE DR
LAKELAND FL 33801**

Mailing Address

**2128 S CRYSTAL LAKE DR
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **48-0004019**

02-0602221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, BRIAN
1475 WOODLAKE DR. APT 188
LAKELAND FL 33803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALBESMA, JASON	
STREET ADDRESS	918 JERE CIR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, BRIAN	
STREET ADDRESS	1475 WOODLAKE DR. APT 188	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'HARA, JERRY	
STREET ADDRESS	3204 FLETCHER	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'CONNOR, MIKE	
STREET ADDRESS	5303 TILLERY RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYES, GREG	
STREET ADDRESS	844 BUTTERCUP DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HALBESMA, BECKY	
STREET ADDRESS	918 JERE CIR	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/7/03

863 398-1003

CR2E037 (4/03)